



Clearinghouse on Supervised Visitation Phone Conference Agenda



January 23, 2019
12PM/11CT

Discussion

- **Welcome and Announcements – Everyone is invited!**
- **Check the listings on the website to ensure your program information is up to date and correct for the quarterly report. If you need to add or change anything email Lyndi Bradley at lbradley2@fsu.edu**
- **Pinwheels for Prevention Information**
- **Tragedy at exchange (Alabama): constant reminder of critical safety issues**
- **Questions from directors**
- **Cultural Issues in Trauma**
- **Tips for Building Resilience in Children and Teens**

Reminder—The New Supervised Visitation Manual is available through the Clearinghouse and can be downloaded through this link: <https://familyvio.csw.fsu.edu/clearinghouse/manuals-and-materials/supervised-visitation/>

Reminder—The New 2018 Child Sexual Abuse Referrals Manual is available through the Clearinghouse and can be downloaded through this link: <https://familyvio.csw.fsu.edu/new-2018-child-sexual-abuse-referrals-manual-for-providers/>

Child custody exchange leads to fatal shooting; suspect denied bond

by Emma Simmons

Tuesday, December 25th 2018

HAMILTON, Ala. — **Update (1/14): A judge denied Christopher Andrew Cochran bond on Monday.**

A child custody exchange led to a fatal shooting shortly before 2 p.m., Hamilton Police confirm to ABC 33/40's Andrew Donley.

A woman's boyfriend shot and killed the father of her children in the Hamilton **Police Department parking lot**. The two children, a boy and a girl, witnessed the fatal shooting but neither were injured, officers say.

Police say the boy got out of the car with his father, Lorenzo Jose "Joe" Mercado Garcia, 48, during the custody exchange, and the little girl stayed behind. The father followed the boy to meet the children's mother's boyfriend, and a verbal fight ensued. Although the mother stepped in between the two men, she was unable to stop her boyfriend from fatally shooting her children's father.

The shooter, identified as Andrew Cochran, has been charged with murder and booked into the Marion County Jail.



Pinwheels for
PREVENTION[®]

Prevent Child Abuse
Florida[™]

Pinwheels for Prevention Information

For those who may be hearing of Pinwheels for Prevention the first time, it is a national campaign designed to raise awareness of the things that can be done to stop abuse before it starts and to support community activities and events that promote ideas, programs and policies that prioritize healthy child development and support parents. Due to the transition to our new governor, the Pinwheels for Prevention annual kick-off event date is to be determined but we will update everyone with as soon as plans are finalized.

So, pinwheel season is open as of today! To purchase pinwheels please go to Preventchildabusefl.org and click on the "Order Here" button on the lower, left hand corner of the homepage. From there you can select or enter the number of boxes you'd like to purchase and scroll to the bottom of the screen and click "submit selected items." Should you have questions, please contact Nydia Ntouda at (850) 921-4494 ext. 202 or email her at ntouda@ounce.org. (She returns from maternity leave after the new year so if you need help before then, please contact Chris.) For every order received prior to January 31, 2019 we will include a free yard sign again this year! Remember, all nonprofit organizations receive a deep discount in the price listed on the website so contact Nydia to receive your discount code.

<http://www.preventchildabusefl.org/>

Cultural Issues in Trauma



Let's talk cultural competency in an evidence-informed way that is shaped by the research. I developed this guide to help you better understand some of the challenges your clients may be facing. However, not every person within a culture shares the same experiences. When we talk about cultural competency, remember that everyone's views are shaped by their experiences and society.

Cultural Group	Specific Challenges of this Group	Implications
Racial Minorities	African American <ul style="list-style-type: none"> • High rates of racial discrimination and perceived discrimination • Exposure to community violence • Stress related to oppression and mass incarceration targeting African American men • High rates of child maltreatment and exposure to domestic violence • Religion and familial support are common protective factors 	<ul style="list-style-type: none"> • Be aware that some clients may be reluctant to trust government workers and reassure them you are there to help. • Ask if clients are active in their neighborhood and/or religious community. Ask about family support. These are strong protective factors for families. • Emphasize a staff that reflects the community as much as possible.
	Asian <ul style="list-style-type: none"> • Asian immigrants are less likely to seek services – no 	<ul style="list-style-type: none"> • Be aware that clients who immigrated may speak limited English.

	<p>driver's license, police checkpoints, mistrust of medical and government services</p> <ul style="list-style-type: none"> • Immigrants have potential language barriers 	<ul style="list-style-type: none"> • Immigrants may be mistrusting of government workers because immigration policies.
	<p>Latino</p> <ul style="list-style-type: none"> • 77% of Latino Americans have at least one ACE, 28% have 4 or more ACEs • High risk of PTSD onset after exposure to trauma • Familial support is a protective factor against the effects of adversity • Exposure to community violence • Latino immigrants are less likely to seek medical care and other services – no driver's license, police checkpoints, mistrust of medical and government services • Immigrants have potential language barrier 	<ul style="list-style-type: none"> • Remember the symptoms of PTSD. Know available resources to refer clients if clients show signs. • Ask about family support. • Be aware that clients who immigrated may speak limited English. • Immigrants may be mistrusting of government workers because immigration policies.
	<p>Native American</p> <ul style="list-style-type: none"> • Native Americans who experience childhood trauma are more likely to experience PTSD symptoms, depressive symptoms, poly-drug use, and attempt suicide • Stress caused by historical oppression and trauma 	<ul style="list-style-type: none"> • Be aware that clients may be reluctant to trust government workers and reassure them you are there to help. • Remember the symptoms of PTSD, depression, and other mental illnesses. Know available resources to refer clients if clients show signs.
<p>Disabled Individuals</p>	<ul style="list-style-type: none"> • Individuals who are deaf often experience high rates of 	<ul style="list-style-type: none"> • Consider the signs of abuse and corporal punishment. Be prepared to discuss the

	<p>childhood adversity, including...</p> <ul style="list-style-type: none"> ○ corporal punishment by at least one parent (36%) ○ frequent bullying from peers (23%) ○ sexual abuse (30%) <ul style="list-style-type: none"> ● Children with an Autism Spectrum Disorder (ASD) are more likely to experience ACEs than a child without ASD, and the risk is even higher for children with ASD in low-income households 	<p>harmful effects of corporal punishment with parents. Know the steps to take for reporting, if necessary.</p> <ul style="list-style-type: none"> ● Ask parents if their child's needs are being met. Know available resources for children with special needs. Make referrals, and be sensitive to parents who may not want to admit they need help.
LGBTQ+	<ul style="list-style-type: none"> ● Higher rates of trauma and bullying than straight children ● Individuals who identify as LGBTQ+ and who experienced childhood trauma may be more likely to be in relationship where a partner is committing acts of Intimate Partner Violence (IPV) 	<ul style="list-style-type: none"> ● Ask children how they are getting along with other students and support them if they report being bullied. ● Be open to talking with your clients about healthy relationships. At least have a handout to offer them. (Clearinghouse resources)
Gender Differences	<ul style="list-style-type: none"> ● Boys are more likely to exhibit antisocial behavior than girls who have the same number of ACEs ● Girls who experienced trauma, in particular sexual abuse, during childhood are more likely to engage in risky sexual behavior 	<ul style="list-style-type: none"> ● Children may show signs of coping with trauma differently depending on their gender. ● If children are "acting out," consider if their behavior is a response to ACEs. ● Maladaptive coping mechanisms are often misunderstood by service providers

References

- Alcántara, C., Casement, M.D., & Lewis-Fernández, R. (2013). Conditional risk for PTSD among Latinos: A systematic review of racial/ethnic differences and sociocultural explanations. *Clinical Psychology Review, 33*, 107–119. doi:10.1016/j.cpr.2012.10.005
- Allem, J.P., Soto, D.W., Baezconde-Garbanati, L., & Unger J.B. (2015). Adverse childhood experiences and substance use among Hispanic emerging adults in Southern California. *Addictive Behaviors, 50*, 199-204. doi:10.1016/j.addbeh.2015.06.038
- Asnaani, A. & Hall-Clark, B. (2017). Recent developments in understanding ethnocultural and race differences in trauma exposure and PTSD. *Current Opinion in Psychology, 14*, 96-101. <https://doi.org/10.1016/j.copsy.2016.12.005>
- Brockie, T.N., Dana-Sacco, G., Wallen, G.R., Wilcox, H.C., & Campbell, J.C. (2015). The relationship of adverse childhood experiences to PTSD, depression, poly-drug use and suicide attempt in reservation-based Native American adolescents and young adults. *American Journal of Community Psychology, 55*(3), 411–421. doi:10.1007/s10464-015-9721-3
- Brown-Rice, K. (2013). Examining the theory of historical trauma among Native Americans. *The Professional Counselor, 3*, 117-130. doi:10.15241/kbr.3.3.117
- Cambron, C., Gringeri, C., & Vogel-Ferguson, M.B. (2015). Adverse childhood experiences, depression and mental health barriers to work among low-income women. *Social Work in Public Health, 30*(6), 504-515. doi:10.1080/19371918.2015.1073645
- Contractor, A. A., Brown, L. A., & Weiss, N.H. (2018). Relation between lifespan polytrauma typologies and post-trauma mental health. *Comprehensive Psychiatry, 80*, 202–213. doi:10.1016/j.comppsy.2017.10.005
- Garcia, A., O'Brien, K., Kim, M., Pecora, P., Harachi, T., & Aisenberg, E. (2015). Adverse childhood experiences and poor mental health outcomes among racially diverse foster care alumni: Impact of perceived agency helpfulness. *Journal of Child & Family Studies, 24*(11), 3293–3305. doi:10.1007/s10826-015-0132-8
- Hall-Clark, B.N., Kaczurkin, A.N., Asnaani, A., Zhong, J., Peterson, A.L., Yarvis, J.S., Borah, E.V., Dondanville, K.A., Hembree, E.A., Litz, B.T., Mintz, J., Young-McCaughan, S., & Foa, E.B. (2017). Ethnoracial differences in PTSD symptoms and trauma-related cognitions in treatment-seeking active duty military personnel for PTSD. *Psychological Trauma-Theory Research Practice and Policy, 9*, 741-745. doi:10.1037/tra0000242
- Henderson, A. K. (2016). The long arm of religion: Childhood adversity, religion, and self-perception among Black Americans. *Journal for The Scientific Study of Religion, 55*(2), 324-348. <https://doi.org/10.1111/jssr.12262>
- Hillis, S.D., Anda, R.F., Felitti, V.J., & Marchbanks, P.A. (2001). Adverse childhood experiences and sexual risk behaviors in women: A retrospective cohort study. *Family Planning Perspectives, 33*(5), 206-211. doi:10.2307/2673783
- Kerns, C.M., Newschaffer, C.J., Berkowitz, S., & Lee, B.K. (2017). Brief report: Examining the association of autism and adverse childhood experiences in the National Survey of Children's Health: The important role of income and co-occurring mental health conditions. *Journal of Autism and Developmental Disorders, 47*(7), 2275-2281. doi:10.1007/s10803-017-3111-7
- Kvam, M.H., & Loeb, M. (2010). The relation between adverse childhood experiences and later mental health among deaf adults. *Scandinavian Journal of Disability Research, 12*(4), 233-244. doi:10.1080/15017410903479004
- Lipsky, S., Kernic, M.A., Qiu, Q., & Hasin, D.S. (2016). Posttraumatic stress disorder and alcohol misuse among women: Effects of ethnic minority stressors. *Social Psychiatry and Psychiatric Epidemiology: The International Journal for Research in Social and Genetic Epidemiology and Mental Health Services, 51*(3), 407-419. <http://dx.doi.org/10.1007/s00127-015-1109-z>
- Llabre, M.M., Schneiderman, N., Gallo, L. C., Arguelles, W., Daviglius, M.L., Gonzalez, L., Isasi, C.R., Perreira, K., & Penedo, F.J. (2017). Childhood trauma and adult risk factors and disease in Hispanics/Latinos in the US:

- Results from the Hispanic Community Health Study/Study of Latinos (HCHS/SOL) Sociocultural Ancillary Study. *Psychosomatic medicine*, 79(2), 172-180. doi:10.1097/PSY.0000000000000394
- McRae, L., Daire, A.P., Abel, E.M., & Lambie, G.W. (2017). A social learning perspective on childhood trauma and same-sex intimate partner violence. *Journal of Counseling and Development*, 95(3), 332-338. doi: <https://doi.org/10.1002/jcad.12147>
- Mersky, J.P., Topitzes, J., & Reynolds, A.J. (2013). Impacts of adverse childhood experiences on health, mental health, and substance use in early adulthood: A cohort study of an urban minority sample in the U.S. *Child Abuse and Neglect*, 37, 917-25. doi:10.1016/j.chiabu.2013.07.011
- Myers, H.F., Wyatt, G.E., Ullman, J.B., Loeb, T.B., Chin, D., Prause, N., Zhang, M., Williams, J.K., Slavich, G.G., & Liu, H. (2015). Cumulative burden of lifetime adversities: Trauma and mental health in low-SES African Americans and Latino/as. *Psychological Trauma-Theory Research Practice and Policy*, 7, 243-251. doi:10.1037/a0039077
- Rhodes, S.D., Mann, L., Simán, F.M., Song, E., Alonzo, J., Downs, M., Lawlor, E., Martinez, O., Sun, C.J., O'Brien, M.C., Reboussin, B.A., & Hall, M.A. (2015). Impact of local immigration enforcement policies on the health of immigrant Hispanics/Latinos in the United States. *American Journal of Public Health*, 105, 329-37. doi:10.2105/AJPH.2014.302218
- Roberts, A.L., Gilman, S.E., Breslau, J., Breslau, N., & Koenen, K.C. (2011). Race/ethnic differences in exposure to traumatic events, development of post-traumatic stress disorder, and treatment-seeking for post-traumatic stress disorder in the United States. *Psychological Medicine*, 41, 71-83. doi:10.1017/S0033291710000401
- Schussler-Fiorenza Rose, S.M., Eslinger, J.G., Zimmerman, L., Scaccia, J., Lai, B.S., Lewis, C., & Alisic, E. (2016). Adverse Childhood Experiences, Support, and the Perception of Ability to Work in Adults with Disability. *PLoS ONE*, 11(7). doi:10.1371/journal.pone.0157726
- Shilling, E.A., Aseltine Jr., R.H., & Gore, S. (2007). Adverse childhood experiences and mental health in young adults: a longitudinal survey. *BMC Public Health*, 7(30). <https://doi.org/10.1186/1471-2458-7-30>
- The National Child Traumatic Stress Network. (n.d.). LGBTQ youth. Retrieved from <https://www.nctsn.org/what-is-child-trauma/populations-at-risk/lgbtq-youth>

Tips for Building Resilience in Children and Teens



We are all capable of building resilience through our behaviors, thoughts, and actions. Once we develop resilience, we can help our children become resilient as well. Remember our training about positive emotions – it’s easier for the brain to think of negative things. So we have to intentionally focus on positive events, feelings, and actions. Those make us more creative and receptive to ideas. Below are ways to start building resilience.

1. Make connections

Building relationships with friends, family, and community members are essential in having a strong support system. You can teach your child to start making connections by demonstrating what healthy relationships look like. Show your child that you are happy. Smile. Laugh.



2. Teach your child to help others

When children are able to help others, they learn empathy and compassion. This can empower your child so they feel they are making a difference in someone’s life. Whenever you open a door for someone, your child is watching!

3. Maintain a daily routine

Creating a structured routine is helpful for young children so they can focus on learning and growing, instead of thinking about what is going to happen next. Ask your child for their feedback on the daily routine you created. "How do you think we can make clean up more fun?"



4. Take a break

While daily routines are important, sometimes it is better to take a break from a schedule and focus on what you and your child need in the moment. Sometimes, it may be better to take a time out instead of continuing with the day as planned. Say: "Oh, we've worked hard. Now let's take a little break and sing a song."

5. Teach your child self-care

Develop some self-care practices for yourself and follow them. This may include things like eating a balanced diet and getting enough sleep. Talk to your child about why it is important for you to practice self-care and help them create a self-care plan (even if it's just reminding them to take a break!). When you are eating veggies, tell your child about the vitamins that will help them grow strong.



6. Move toward your goals

Set attainable goals for yourself, write them down, and show your child. Talk to your child about how to set reasonable goals and the steps they will complete to accomplish their goals. Show them your goals.

7. Nurture a positive self-view

Teach your child to recognize their strengths and successes. Their ability to use their strengths and problem-solve will help them overcome future challenges. Say "let's talk about one good thing that happened today."

8. Keep things in perspective and maintain a hopeful outlook

When your child are experiencing a difficult time, remind them that there is hope and they are capable of overcoming the challenge. Say: "I'm sure things are going to get better."

9. Look for opportunities for self-discovery

When children are trying to overcome a challenge, encourage them to reflect on their strengths, areas for improvement, and motivations. Say: "Look what you just learned."



10. Accept that change is part of living

When change occurs, remind your child that this is normal, even if it is scary and tough to adapt to the change. Say: "we change a little every day. Things get better." Give kids hope.

Remember:

Start every visit with something positive

Positive emotions open us and make us more receptive and more creative

They allow us to build new skills

Negativity bias – our brains are wired to remember the negative more easily than the positive.

Encourage Prosocial behaviors

Contact the Clearinghouse at
850-644-1715

